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Express Communications

HIPAA DEADLINE: OCTOBER 16, 2003

Georgia Department of Community Health

- Effective 10/16/2003, GDCH will require providers to be HIPAA compliant and submit claims using the NCPDP version 5.1 Standard Transaction.
- Omission of this implementation will cause claims to be rejected. You must submit the applicable version 5.1 transactions.
- Please contact your pharmacy's software vendor to initiate the submission of v5.1 claims to ESI. If your software vendor has not tested with ESI yet, please ask them to contact Linda Osborne at ESI to schedule testing. Linda may be contacted at 800-332-5455 extension 67123.
- For your reference, please review the following pages for important changes related to NCPDP v5.1 implementation.

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

IMPORTANT NOTICE
ONLINE COORDINATION OF BENEFITS (COB)

Georgia Department of Community Health

- Effective immediately for providers submitting NCPDP version 5.1 claims, please submit the Other Coverage Code (308-C8) value used on the original online COB claim submission when reversing **secondary** claims.
- Omission of the Other Coverage Code will cause the primary COB claim to be reversed. You must submit the applicable Other Coverage Code value if you desire to reverse the **secondary** COB claim. These OCC values are 1 through 4 as listed below.
- For your reference, please review NCPDP's Data Dictionary field guide regarding the Other Coverage Code values that Express Scripts supports:

Field	Name of Field	Values and Definitions of Field Codes indicating whether or not the patient has other insurance coverage
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected

Please remember this communication applies only to NCPDP version 5.1 claims.

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

IMPORTANT NOTICE
PARTIAL FILL

Effective 10/16/2003, Express Scripts, Inc. will support the Partial Fill transaction for NCPDP v5.1 claims submitted for GDCH Medicaid/PeachCare programs. The State Health Benefit Plan began accepting these transactions on 7/1/2003.

What is a Partial Fill Claim?

Partial Fill claims occur when a pharmacy attempts to fill a script and determines that there is not enough of the drug in stock to provide the entire prescribed quantity/days supply. The Partial Fill transaction was created by the NCPDP v5.1 Standard for providers that wanted to have this functionality. It is not a requirement for v5.1 claims nor will all software offer this option.

What unique fields are used in a Partial Fill transaction?

ESI will accept a Partial Fill transaction from a pharmacy using NCPDP v5.1 to process claims for Medicaid and PeachCare for Kids. The unique fields used in a Transaction Code B1, Billing, Partial Fill transaction:

Partial Fill Field Name	Field Description
Dispensing Status 343-HD	The code in this field indicates that the quantity dispensed is an initial partial fill **"P"** or the completion of a partial fill **"C"**.
Associated Prescription/Service Date 456-EP	Date of the initial transaction in a partial fill. Used when submitting the "completion" transaction.
Associated Prescription Service/Reference Number 456-EN	The prescription or service reference number of the initial transaction in a partial fill. Used when submitting the "completion" transaction.
Quantity Intended to be Dispensed 344-HF	The metric decimal quantity that would have been dispensed if adequate inventory were available. This field is used only in association with a "P" or "C" in the Dispensing Status field. NOTE: If populating this field, an assumption is made that the "Days Supply intended to be Dispensed" is also sent.
Days Supply Intended to be Dispensed 345-HG	Days supply for the metric decimal quantity that would have been dispensed if adequate inventory was available. This field is used only in association with a "P" or "C" in the Dispensing Status field.

How will ESI edit a Partial Fill transaction?

If you decide to use the Partial Fill transaction, the following information describes how ESI will edit that transaction:

1) The Intended field information will be edited in order to notify the pharmacy when the intended days supply or quantity would cause the claim to reject if the claim had been submitted as a full claim
2) The Actual Days Supply and Quantity will be edited according to the member's benefit
3) The Completed Claim will be edited based on balancing exactly to the Intended Days Supply, Quantity, and NDC of the Partial Claim. If these fields do not balance or the NDC does not match, the claim will reject
4) The Completed Claim will be edited against the files that existed during the partial fill date of service (e.g. the member was eligible during the partial fill date filled, the member is still eligible). The exception would be if a member is retro-termed, if the retro-term date encompasses the Partial Fill Claim date of service, the claim will reject
5) The Partial and Completed Claim will be counted as one filled script
6) The Refill Too Soon and Quantity Level Limit edits will apply to the Partial and Completed Claim since a full claim could be filled between these two transactions
7) Ample supply editing will be based on the fill date of the Partial Claim
8) A Completed Claim does not need to be submitted in order to fill a subsequent full claim

How will the claim be priced and the member co-pay determined?

1) The claim will be priced and a co-pay assigned based on the Intended Days Supply and Quantity
2) The claim will be priced based on the final cost calculation of the Intended Quantity
3) The Partial and Completed Claim will be prorated based on the Actual Days Supply and Quantity dispensed on each claim
4) The member will pay a prorated co-pay based on the actual quantity dispensed
5) The pharmacy will receive a prorated dispensing fee based on the actual quantity dispensed for both the partial and completed claim. This was necessary in order to accurately balance the payable amount to the pharmacy and the member co-pay between the two claims

Questions:

Express Scripts Provider Relations, 1-877-776-8735 (1-877-Prov-Rel), prompt #1, then prompt #1.

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

IMPORTANT NOTICE
DUMMY NDCs

Effective 10/16/03, the Medicaid & PeachCare for Kids Pharmacy Programs will disallow compounds processed with the dummy NDCs used in the past. This is a requirement of the NCPDP v5.1 telecommunication standard.

The procedure for submitting compounds:

1) ***Enter the NDC of the highest cost legend ingredient.***
2) ***Submit your Most Favored Nation rate inclusive of dispensing fee in the Gross Amount Due field.***
3) ***Enter the entire quantity of the compound.***
4) ***The compound indicator on the claim must reflect the claim is a compound.***
5) ***One legend ingredient + diluent is NOT considered a compound (ie antibiotics or pain meds delivered in normal saline).***
6) ***PA is required for all compounds. Compounds are not covered for adult Medicaid members. You may contact ESI at 1-877-650-9340 for PA.***